

SIAC, Health Subcommittee meeting
Wednesday, July 10, 2013
2:30-4:30pm
33 W. Monroe – 24th floor, Exec. Room
Conference call in number: 888-494-4032
Pass code: 719 851 8485#

Meeting Minutes

I. Welcome and Introductions

Meeting Participants:

Andrea Densham, Childcare Network of Evanston	Peter Byrne, CFC 12
Julie Janssen, IDPH	Juanona Brewster, ICAAP
Denise Dell Isola, Irving B Harris Foundation	Meg Tomlinson, Voices
Gina Swehla, HFS	Liz Strain, Lutheran Social Services of IL
Kim Bartolomucci, CCOHF	Dan Harris, DHS
Dionne Haney, IL Dental Society	Karen Berman, Ounce
Donna Emmons, ISBE	Donna Dreiske, PBA
Debra Evans, CPS	Pam Borchardt
Dan Hausman, HDA	Katelyn Kanwischer, CLOCC
David Miller, IDPH	Karen Freel, Ounce
Joanna Su, OECD	Adam Becker, CLOCC
	Christy Serrano, Ounce

II. Review Health Subcommittee meeting minutes from 6.12.13

Subcommittee members review and approve meeting minutes from 6.12.13

III. Health Subcommittee Work Group Updates

- a. Obesity Prevention Work Group
 - Rule 407 is not yet released for public comment (DCFS likely waiting on fiscal note). Next steps include looking at developing recommendations for Rule 406.
- b. Oral Health Work Group
 - The next Oral Health Work Group meeting will be in September after most of the planning grants between ICAAP, CCOHF, and IAFC have been completed or are near completion
- c. Medical Home Work Group
 - Work Group met on June 19
 - ACTION STEP: Work Group will present a draft work plan at a future meeting
- d. IL Children's Mental Health Partnership
 - Mental Health Consultation landscape will be emailed to the Subcommittee

IV. Work Plan: Objective 1, Action Step 2

- a. Presentations on how is health addressed within different components of early childhood system

<p>Health Subcommittee Charge: The Health Subcommittee will develop strategies for 1) integrating health across early childhood systems and for 2) addressing gaps in health-related services that can be addressed by early childhood systems in order to support children's healthy development and school readiness. The Health Subcommittee will also define measurable outcomes for accomplishing these work priorities.</p>
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- Substance Abuse
 - Member suggest that the presenting group add language to recommend the development of an organizational policy that puts the responsibility of addressing issues of substance abuse on the whole organization and not just on an individual. Having an organization-wide protocol for addressing substance abuse may enable and support providers if they fear resentment or other negative response from the family due to their intervention.
- Maternal/paternal mental health
 - Members suggest that more emphasis should be placed on training providers on what kinds of resources are available for parents and how to share those resources with parents instead of recommending that childcare providers conduct a parental depression screening. Trainings should also offer education on how to conduct surveillance and identify warning signs of parental depression.
 - Members suggest adding the trainings that Gateways offers on identifying maternal depression to the matrix.
 - Members suggest that providers also need additional training on the effects of maternal depression on child development.

V. Work Plan: Objective 1, Action Step 4

- a. Define what we mean by “best practice”
 - Best practice is the next best available course of action taken in the absence of evidence based practice. Elements of best practice include at least one or a combination of the following: based on emerging or promising evidence, general acceptance from experts in the field, follows a theory of change or sound logic, and is politically and fiscally viable.
 - We will have to determine best practice for each health topic area as we make recommendations for their inclusion or implementation.
- b. Clarify the process for action step 4: *Research and recommend best practice models for early childhood systems to advocate for the health needs of children they serve*
 - Members discuss the need to identify potential mechanisms, outside of changing administrative rules, for ways that the Health Subcommittee can help the early childhood system integrate best practice

VI. SB26 and submitting comments on providing dental services to pregnant women on Medicaid

VII. Next Steps

- a. Next Health Subcommittee Meeting: **Wednesday, August 14, 2013, 2:30-4:30pm**
- b. September meeting: Review of last 12 months and next steps for the Health Subcommittee
 - INCCRRA is reviewing their provider trainings in order to better support providers in moving up through QRIS
ACTION STEP (Karen/Christy) email Beth Knight regarding INCCRRA’s timeline for reviewing trainings and ask if someone with a health lens is able to participate in their work to ensure that attention is given to child health in the trainings.

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ACTION STEP (unassigned): look into any pilots out in other states that are doing some innovative thinking around training. It could be seen as best practice if others are offering comprehensive trainings to their providers that include health.

- ACTION STEP (co-chairs): Determine the meeting schedule for 2014 and also confirm the date change for September meeting
- ACTION Step (Christy): email about how the Health Subcommittee could be involved in participating in the development of next State Health Improvement Plan.

Handouts: Meeting Agenda (7.10.13), DRAFT Meeting Minutes (6.12.13); Sign-up Sheet for future presentations; Template: How health is addressed within EC system

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